



Form INIRP-BN
State Form 4949
(R3 / 8-07)

Indiana Department of Revenue
International Registration Plan
New Account Schedule BN

Section 1	1. Registrant Name				7. Fleet Mailing Address				12. IRP Account Number		13. Fleet Number	
	2. Fleet Street Address		3. County		8. County		9. City		14. Applicant US DOT No.		15. IFTA License Number	
	4. City		5. State	6. ZIP Code	10. State		11. ZIP Code		16. Taxpayer ID Number		17. New Account <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 2	In Section 2, place an X in the column to the right of the jurisdictions where proportional registration is sought. * NR - Non Reciprocity										18. Fleet Contact Person	
	Jurisdiction		X	Mileage		Jurisdiction		X	Mileage		19. Fleet Contact Person Telephone Number ()	
	AB Alberta			21		AK Alaska		NR			20. Type of Carrier (check all that apply)	
	AR Arkansas			2,392		AZ Arizona			1,847		<input type="checkbox"/> Private Carrier <input type="checkbox"/> Exempt Commodity Carrier	
	CA California			5,207		CO Colorado			1,278		<input type="checkbox"/> "For Hire" Carrier (Common Carrier) <input type="checkbox"/> Household Goods Carrier	
	DC Wash. D.C.			10		DE Delaware			261			
	GA Georgia			3,773		IA Iowa			1,661			
	IL Illinois			5,886		KS Kansas			1,187			
	LA Louisiana			1,427		MA Massachusetts			1,141			
	MD Maryland			1,373		ME Maine			165			
	MN Minnesota			833		MO Missouri			3,067			
	MT Montana			374		MX Mexico		NR				
	NC N. Carolina			3,624		ND N. Dakota			179			
	NF Newfoundland			10		NH N. Hampshire			171			
	NM New Mexico			1,449		NS Nova Scotia			10			
	NV Nevada			793		NY New York			3,161			
	OK Oklahoma			1,758		ON Ontario			464			
	PA Pennsylvania			6,190		PE Prince Ed. Is.			10			
	RI Rhode Island			121		SC S. Carolina			2,095			
	SK Saskatchewan			15		TN Tennessee			4,456			
	UT Utah			940		VA Virginia			3,311			
	VT Vermont			112		WA Washington			1,208		IN Indiana Miles 9,253	
	WI Wisconsin			2,193		WV West Virginia			1,194		NR Miles	
	WY Wyoming			959		YT Yukon Terr.		NR			Total Fleet Miles	
	Section 3											21. Please designate the appropriate year for the Mileage Reporting Period of July 1, _____ through June 30, _____.
										22. If your Estimated Miles differ than those shown in Section 2 , please attach a Schedule G.		
										Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct, and I am providing proof of financial responsibility prior to affixing my signature hereto.		
										I agree <input type="checkbox"/> Yes <input type="checkbox"/> No		
										Signature of Owner or Responsible Officer Title Date		
										Name of your Insurance Company Licensed in Indiana (not the agency or group) ()		
										Policy Number Insurance Company Phone Number		
										Address of Insurance Company		

Schedule BN Instructions

SECTION 1

Line 1: Enter the Applicant Name as it is registered with the Indiana Secretary of State or the Indiana Department of Revenue. (The IRP Unit will register the Applicant in the same name as registered with the Indiana Secretary of State or the Indiana Department of Revenue. If the name as registered with the Indiana Secretary of State or the Indiana Department of Revenue differs from the title or title application name, a Lease Agreement or title change is required.)

Line 2 through 6: Enter the **FLEET** Street Address if different than the Indiana Business Street Address on the Schedule A.

Lines 7 through 11: Enter the Fleet Mailing Address if different than the Applicant Mailing Address on the Schedule A. Each **FLEET** may have an independent mailing address where credentials or other correspondence regarding this **FLEET** is received from the IRP Unit.

Line 12: Enter the Indiana IRP Account Number.

Line 13: Enter the Fleet Number, if applicable.

Line 14: Enter the US DOT Number of the Registrant/Applicant. All IRP Registrants/Applicants are required to obtain a US DOT Number. The US DOT Number should be in the name in which the Registrant/Applicant is registered with the Indiana Secretary of State or the Indiana Department of Revenue.

Line 15: Enter the International Fuel Tax License Number. The Registrant/Applicant is responsible for providing proof of IFTA responsibility whether through the Registrant/Applicant having an IFTA License or through a Lease Agreement.

Line 16: Enter the Taxpayer Identification Number of the Registrant/Applicant. All business entities must register with the Indiana Department of Revenue and obtain a Taxpayer Identification Number.

Line 17: Enter an X in the appropriate box for determining if a New Account.

Line 18: Enter the name of the person who is responsible for conducting the **FLEET'S** business with the IRP Unit. If the Contact Person is not a listed Responsible Officer of the business entity, then a Power of Attorney with the signature of a Responsible Officer and Contact Person Designee is required.

Line 19: Enter the telephone number of the **FLEET** Contact Person.

Line 20: Enter the Type of Carrier. Please indicate all the Carrier Types that apply to this.

SECTION 2

Place an X in the column to the right of the jurisdictions where proportional registration is sought.

The Estimated Miles for each jurisdiction are based upon the total Actual Miles traveled by proportionally registered vehicles in the jurisdiction, during the previous Mileage Reporting Period. To use other Estimated Miles, see Section 3, Line: 22.

SECTION 3

Line 21: Enter the year for the Mileage Reporting Period the miles are being reported.

Line 22: Submit a Schedule G with a detailed "Plan of Operation".

The Schedule B must be signed, in INK, by the responsible person. Please include the job title and date.

Print or type the full name of your insurance company licensed in Indiana (not the agency or the group). Enter your policy number, and all the additional information requested.

Effective January 1, 1983, Indiana law requires every Motor Vehicle registered in the State of Indiana to have proof of Financial Responsibility.

Proof of Financial Responsibility includes one of the following:

1. Motor vehicle's insurance policy
2. Self insurance (certificate from BMV required)
3. Indiana Motor Carrier Authority Number (IMCA) (PSCI)
4. \$40,000 in securities or cash deposited with the Treasurer of Indiana

NOTE: If qualified under 2 or 3, place your IMCA number or certificate of self-insurance number in the policy number area on the front of this form.

If qualified under 4, place the word "BOND" in the insurance company name area on the front of this form.

Falsification of this information will subject you to a jail term of up to two (2) years, a fine of up to \$10,000 and suspension of your driver's license for a period of up to one year.